



# SELF INSURANCE ADMINISTRATOR EXAM REGISTRATION FORM

  
*Human Resource Services*  
(916) 263-3624 x-3369

Registration forms must be received by the exam registration deadline date (see schedule). Please indicate which site location and test date you are registering for below. Be sure to complete all areas on this form.

### Indicate Your Site Preference

Los Angeles Area ☐

Riverside/San Bernardino Area ☐

Sacramento Area ☐

**TOTAL FEE ENCLOSED \$150.00**

### Test Date Requested

06/03/2006

### Fees Included (made payable to CPS)

Cashier's Check ☐

Money Order ☐

Credit Card ☐

**First Name**

**MI**

**Last Name**

**Home Address**

**City**

**State**

**Zip Code**

**Daytime Phone Number**

**Email Address**

\_\_\_\_\_

**CA Driver's License Number**

If you have another form of identification other than a CA driver's license, please print here: \_\_\_\_\_

**Social Security Number**

Pursuant to the Federal Privacy Act of 1974 you are hereby notified that it is a mandatory requirement to provide your Social Security Number. This information will only be used by the Office of Self Insurance Plans for identification purposes.

### **Special Accommodations:**

Do you have special accommodation needs?

YES ☐

NO ☐

You must include the required documentation if you have a disability/impairment that will require consideration for special accommodation testing arrangements. CPS will contact you to verify/discuss any appropriate scheduling arrangements.

**MAIL FORM WITH FEE TO:**

I hereby certify that all statements made in this test registration form are true and complete. I understand that my test results will only be mailed to the address above.

**CPS - ATTN: SIA**

**241 LATHROP WAY**

**SACRAMENTO, CA 95815**

**SIGN HERE**

**DATE**

Revised: 02/20/2006